

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER THE CREST OF CLEMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland and Ed Miller on 02/10/2016: Data obtained from the DHSR database indicates that this facility was licensed for licensure on 07/01/1984 for the current licensed capacity of 96 residents. Based on this information, this facility is required to meet the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1978 North Carolina State Building Code, Section 409.1, Group I-Institutional Unrestrained Occupancy Deficiencies were cited and a Plan of Correction is required.	C 000		
C 136	Bathrooms-Must Be Mechanically Ventilated SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (11) Toilets and baths shall be well lighted and mechanically ventilated at two cubic feet per minute. The mechanical ventilation requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation; This Rule is not met as evidenced by: 1-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 02/10/2016:	C 136		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER THE CREST OF CLEMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 136	Continued From page 1 The mechanical exhaust ventilation system is not in working order at the following locations: (a) 4TH Floor Spa (b) 1ST Floor Women's Bathroom @Dining Hall	C 136		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained in a safe manner due to breaches of the smoke barrier wall construction has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Findings on 02/10/2016: There are wall penetrations due to new cabling work through the corridor block wall construction at the ceiling elevation that are not sealed with a fire-rated sealing compound that are located at the following locations: (a) 4TH Floor Nurse's Station Bathroom (b) 3ND Floor Med Bathroom	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2016
NAME OF PROVIDER OR SUPPLIER THE CREST OF CLEMMONS		STREET ADDRESS, CITY, STATE, ZIP CODE 6010 MEADOWBROOK MALL COURT CLEMMONS, NC 27012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>2-Based on observation, the facility has not maintained in a safe manner the clearances for egress in the exit stair towers. This could affect all residents and staff in the event of an emergency that required the use of the exit stair towers.</p> <p>Findings on 02/10/2016: There are 55 Gallons trash cans and stacks of cardboard stacked in the corners of the of stair landings as one enters the exit stair tower from the exit corridor at the following locations:</p> <p>(a) 4TH Floor Rear Stair Tower (b) 3ND Floor Rear Stair Tower</p> <p>3-Based on observation, the facility has not maintained in a safe manner by improper storage of oxygen cyclinders. This could affect all residents and staff by potentialy exposing then to hazards from a ruptured cyclinder.</p> <p>Findings on 02/10/2016: There are oxygen bottles being stored in the 4TH Floor Med Tech Room that are not in secured approved racks.</p> <p>4-Based on observation, the facility has not maintained in a safe manner the electrical ground-fault protection in wet areas. This could affect all residents and staff.</p> <p>Findings on 02/10/2016: The electrical receptacle that is located at the Solarium wet bar on the 2ND Floor does not have GFCI protection.</p>	C 189		